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PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number	09/854,124
Filing Date	May 10, 2001
First Named Inventor	WILLIAMS, LEWIS T.
Group Art Unit	1642
Examiner Name	UNGAR, SUSAN NMN

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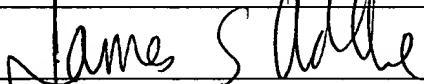
NOV 22 2002

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### ENCLOSURES (check all that apply)

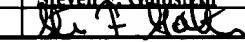
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment and Response to restriction Requirement	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Appendix A	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	JAMES S. KEDDIE, PH.D., Reg. No. 48,920	
Signature		
Date	November 15, 2002	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 15, 2002.

Typed or printed name	Steven E. Goldstein	Date	November 15, 2002
Signature			

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$110)

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:  
 Deposit Account Number 50-0815  
 Deposit Account Name Bozicevic, Field & Francis LLP  
 Charge Any Additional Fee Required  
 Under 37 CFR 1.16 and 1.17  
 Applicant Claims small entity status.  
 See 37 CFR 1.27

2.  Payment Enclosed: Check  Credit Card  Money Order  Other

## FEE CALCULATION

## 2. BASIC FILING FEE

Fee Code	Large Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					0

## 1. EXTRA CLAIM FEES

Total Claims	6-12**	=	0	x	Fee from below	Fee Paid
Indep. Claims	1-3**	=		x		= 0
Multiple Dependent		=				

Fee Code	Large Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) \$ 0</b>					

\*\*or number previously paid, if greater; For Reissues, see above.

Complete if Known	
Application Number	09/854,124
Filing Date	May 10, 2001
First Named Inventor	WILLIAMS, LEWIS T.
Examiner Name	UNGAR, SUSAN NMN
Group Art Unit	1642
Attorney Docket No.	2300-1490DIV

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## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath	
127	50	227	25 Surcharge – late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	110
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive – unavoidable	
141	1,280	241	640 Petition to revive – unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 110)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	James S. Keddie, Ph.D.	Registration No. (Attorney/Agent)	48,920	Telephone (650) 327-3400
Signature	<i>James S. Keddie</i>		Date	11/15/2002

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